

N. B.—In case of more than one child at a birth, a SEPARATE CERTIFICATE must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Globe

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155

County Registrar No. \_\_\_\_\_

Local Registrar No. 125

No. Gila County Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Fredrick Francis Curran (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child m. To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth June 15<sup>th</sup> 1927 Month Day Year

8. FATHER CURRAN

Full name Fredrick Francis Curran

9. Residence (Usual place of abode) Wenden Ariz.  
If non-resident, give place and state.

10. Color or race w. 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Oakland  
(State or country) Cal

13. Occupation Miner  
Nature of industry

14. MOTHER

Full maiden name Alice Wilkinson

15. Residence (Usual place of abode) Wenden Ariz.  
If non-resident, give place and state.

16. Color or race w. 17. Age at last birthday 32 (Years)

18. Birthplace (city or place) Havall  
(State or country) Wis.

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn — 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7 9 m. on the date above stated (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature A. D. Kennedy (Physician or midwife.)  
Address Globe Ariz.

Given name added from a supplemental report. Month, day, year 6-30-27 Filed 6-30-27 Local Registrar.

Month, day, year 6-35-165 Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.